| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |                                       |                      |                                   |                  |     |                     |                        |    |                     |                        |  |
|--|--|---|---------------------------------------|----------------------|-----------------------------------|------------------|-----|---------------------|------------------------|----|---------------------|------------------------|--|
| Effective October 1, 2001  |  |   |                                       |                      |                                   |                  |     |                     |                        |    |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                      |                                   |                  |     | SMALL ENTITY TYPE C |                        |    | OTHER THAN          |                        |  |
| TOTAL CLAIMS   |  |   | 93                                    |                      |                                   |                  | 1   | RATE                | FEE                    | 1  | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED                          |                      | NUMBER EXTRA                      |                  |     | BASIC FE            | 370.00                 | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 93 minus 20=                          |                      |                                   |                  |     | X\$ 9=.             |                        | OR | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | 7 mir                                 | nus 3 =              | <u> </u>                          |                  | ·   | X42=                |                        | OR | X84=                |                        |  |
| MUL  | TIPLE DEPENI                                       | DENT CLAIM PI                             | RESENT                                |                      |                                   |                  |     | +140=               |                        | OR | +280=               |                        |  |
| * H1   | he difference i                                    | in column 1 is                            | less than zero, enter "0" in column 2 |                      |                                   |                  |     | TOTAL               |                        | OR | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                                       |                      |                                   |                  |     | SMALL               | ENTITY                 | OR | OTHER<br>SMALL      |                        |  |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI | HEST<br>ABER<br>OUSLY<br>FOR      | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | • 93                                      | Minus                                 | ** 5                 | 33                                | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| ME   | Independent  | • 7                                       | Minus                                 | ***                  | 7                                 | , )              |     | X42=                |                        | OR | X84=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM     |   |                                       |                      |                                   |                  | 1   | +140=.              |                        | OR | +280=               |                        |  |
|  |  |   |                                       |                      |                                   |                  | - 1 | TOTAL<br>ADDIT: FEE | -                      | OR | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                      |                                   |                  |     |                     |                        |    |                     |                        |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUI<br>PREV          | HEST<br>MBER<br>FOUSLY<br>D FOR   | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Š  | Total  | •   | Minus                                 | **                   |                                   | 8                | ]   | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| AMENDMENT  | Independent  | *   | Minus                                 | ***                  | IT CL AIRA                        | =                | 4   | X42=                |                        | OR | X84=                |                        |  |
| ا  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM     |   |                                       |                      |                                   |                  |     | +140=               |                        | OR | +280=               |                        |  |
|  |  |   |                                       |                      |                                   |                  |     | TOTA<br>ADDIT. FE   |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3  |  |   |                                       |                      |                                   |                  |     |                     |                        | _  |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NU<br>PREV           | SHEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| N N  | Total  | *   | Minus                                 | **                   |                                   | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| KE   | Independent  | *   | Minus                                 | ***                  | VIT OL 111                        | =                | _   | X42=                |                        | OR | X84=                |                        |  |
| 尸  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14 |   |                                       |                      |                                   |                  |     |                     |                        | OR | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                                       |                      |                                   |                  |     |                     |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.